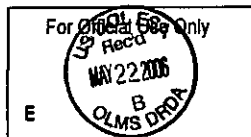


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25764</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Richard</u> <u>Abelson</u> P O Box Bldg Room No if any Street <u>3427 West St Paul Ave</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53208</u>	4 Name file number and address of labor organization Name <u>State County & Muni Empls AFL-CIO</u> Labor Organization File Number <u>517-464 -</u> P O Box Building and Room Number if any Street <u>3427 West St Paul Ave</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53208</u>
5 Position in labor organization <u>Executive Director</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>5/17/06</u> Date <u>414/344-6868</u> Telephone Number

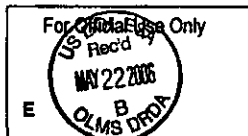
Name of Person Filing Richard Abelson		File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Wisconsin Vision Trade Name if any P O Box Bldg Room No if any Street 16800 West Cleveland Avenue City New Berlin State Wisconsin ZIP Code + 4 53151	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Business gives discounts to the labor organization s members 11 b Approximate dollar value of such dealing \$0 12 a Nature of interest held or income received Four tickets to a Green Bay Packers game 12 b Amount \$720	

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25765</u>	2 Fiscal Year Covered From <u>12/1/2005</u> Through <u>12/31/2005</u>
3 Name and address of person filing Name <u>JOHN R HENRY</u> P O Box Bldg Room No If any _____ Street <u>297 ST MARYS LAKE</u> City <u>BAHLE CREEK</u> State <u>MICH</u> ZIP Code + 4 <u>49017</u>	4 Name file number and address of labor organization Name <u>UNITED TRANSP UNION</u> Labor Organization File Number <u>000314</u> P O Box Building and Room Number If any _____ Street <u>14600 DETROIT AVENUE</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44107</u>
5 Position in labor organization <u>LOCAL CHAIRMAN</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>John R Henry</u>	On <u>5-13-06</u> <u>2692091538</u> Date Telephone Number

Name of Person Filing	File Number U
-----------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <u>HARRINGTON Thompson and HARRINGTON</u> Trade Name if any _____ P O Box Bldg Room No if any <u>3RD FLOOR</u> Street <u>180 NORTH WAKEFIELD AVE</u> City <u>CHICAGO</u> State <u>ILL</u> ZIP Code + 4 <u>60606</u>	14 a Nature of payment. <u>\$582.00 meals</u> <u>\$181.00 Lodging</u>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <u>\$668.00</u>